

HEALTH & WEL]

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N., R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

November 19, 2008

Floyd Bounds Teton Valley Hospital And Surgicenter 120 East Howard Avenue Driggs, Idaho 83422

Provider #131313

Dear Mr. Bounds:

On November 4, 2008, a complaint survey was conducted at Teton Valley Hospital And Surgicenter. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003818

An unannounced visit was made to the facility on 11/04/08. Eighteen records of patients who had received treatment in the Emergency Department were reviewed. Policies were reviewed. The Chief of Medical Staff, a Nurse Practitioner, the facility Director of Quality Services and a staff RN were interviewed.

Allegation #1: The hospital Emergency Department refused to examine a patient who reported a sexual assault.

Findings: One record documented the Emergency Department visit of a minor patient. The patient was accompanied by her mother. Her chief complaint was sexual assault. Vital signs were obtained immediately and were within normal limits. The facility Policy and Procedure for Sexual Assault Exam was then followed. Law enforcement, Family Safety Network and two SART (sexual assault response team) nurses were notified. The two SART nurses told Emergency Department staff that, according to facility Policy and Procedure, the minor patient was considered a pediatric patient and evidence collection must be done by a pediatrician specifically trained in this area. The nearest qualified provider was 75 miles away.

The administrator on call as well as the Emergency Department Director were contacted by the Emergency Department staff. They both confirmed that this was the correct policy to follow. This pediatrician was contacted by telephone, by the nurse practitioner, and was willing to examine the patient if she was transported to Idaho Falls. Law enforcement personnel interviewed the patient and her mother. Patient and family said they did not want full rape testing done. After this was established, the Nurse Practitioner proceeded with a full physical examination. The patient was discharged in stable condition with discharge instructions.

Review of the facility's Policy and Procedure for Sexual Assault Exam was reviewed. It applied to patients who were adolescents and adults. A separate section addressed the necessary protocol for children under the age of 12 as follows:

- 1. Medical screen exam will be done by the on call provider.
- 2. Health and Welfare must be notified.
- 3. The evidence collection will be done by a pediatrician specifically trained in this area in Idaho Falls.
- 4. Transportation for the exam will be arranged by Law Enforcement.

The Director of Nursing confirmed, on 11/12/08 at 3:30 PM by telephone, that the facility's written Policy considered a pediatric patient to be 12 years old and younger, while the facility's daily practice considered a pediatric patient to be 14 years old and younger. This caused confusion for staff caring for the patient.

While there was no deficiency cited related to the specific event and the patient did receive appropriate care, deficiency was cited at IDAPA 16.03.14 370.01 (a), for the facility's failure to ensure that written policies included a description of the services furnished by the CAH directly and those furnished through agreement or arrangement.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: The hospital Emergency Department did not have physicians available for back up of mid level providers.

Findings: The facility's Physician Back Up Procedure was reviewed. It stated that a physician would oversee and/or supervise the Emergency Department mid level providers either by direct oversight or by phone. The policy stated the physician would be able to access the facility within 30 minutes.

The facility's Emergency Department calendar, for the months of September, October and November of 2008, was reviewed. During this time period there were numerous "open" shifts where MD back up for mid level providers was not assigned.

Floyd Bounds November 19, 2008 Page 3 of 3

The hospital's Chief of Staff was interviewed on 11/4/08 at 1:00 PM. He stated that all of these shifts had been or would be covered by an MD. He said that coverage sometimes had been assigned at the last minute and was not recorded on the calendar. He said that there had not been a shift that did not have physician back up for the mid level providers. The facility's Director of Quality Services was interviewed on 11/4 08 at 2:00 PM. She concurred that there had not been any shifts that did not have MD back up for the mid level providers. A nurse practitioner was interviewed on 11/4/08 at 3:00 PM. She stated that she had never experienced an occurrence where MD back up was not available in the Emergency Department. The physician assistant who provided services to ED patients on 10/1/08, the date when no physician coverage was alleged, was interviewed on 11/17/08 at 8:10 AM. She stated she did have physician backup that day and named the physician.

No evidence was found that the hospital was not providing MD back up for mid level providers in the facility. However, a deficiency was cited at IDAPA 16.03.14370.03 due to the failure of the hospital to maintain a written roster of on call physicians.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

GARY GUILES

Health Facility Surveyor

Non-Long Term Care

SYLWIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw



C.L. BUTCH OTTER, GOVERNOR RICHARD M. ARMSTRONG - Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-030 PHONE 208-334-6626 FAX 208-364-1888

November 19, 2008

Floyd Bounds Teton Valley Hospital And Surgicenter 120 East Howard Avenue Driggs, Idaho 83422

RE:

Teton Valley Hospital And Surgicenter, provider #131313

Dear Mr. Bounds:

This is to advise you of the findings of the complaint survey at Teton Valley Hospital And Surgicenter which was concluded on November 4, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

Floyd Bounds November 19, 2008 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **December 2, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

GARY GUILES

Health Facility Surveyor

Non-Long Term Care

SYLYIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw

Enclosures



120 East Howard ● Driggs, Idaho 83422 ● (208) 354-2383 ● (208) 354-3158 (fax) 10-16-08

Idaho Department of Health and Welfare ATT: Sylvia Creswell/Gary Giles P O Box 83720
Boise, ID 83720-0036

Dear Ms. Creswell and Mr. Giles:

Attached is the response to the deficiencies that you found on your Nov 4, 2008 survey. We appreciate you allowing us extra time to submit our report to you. Because of the short timeframe, however, we are faxing it, as well as mailing the original.

Let us know if you need more assistance or clarification.

Sincerely Yours,

Laura Piquet

Quality Services Director

Compliance Officer

208-354-6302

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING С. B. WING 131313 11/04/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **120 EAST HOWARD AVENUE TETON VALLEY HOSPITAL AND SURGICENTE DRIGGS, ID 83422** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE m (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) B 000 B 000 16.03.14 Initial Comments The following deficiencies were cited during the complaint survey of your hospital. The following surveyors conducted the complaint Dee Hage 3-4 survey: Garv Guiles RN. HFS. Team Leader Trish O'Hara RN. HFS Acronyms used in this report include: ED - Emergency Department MSE - Medical Sceening Examination SART - Sexual Assault Response Team BB297 16,03,14,370.01 Emergency Service, Policies BB297 and Procedures 370. EMERGENCY SERVICE. All hospitals who provide emergency medical care in a specific area of the facility shall have an organized plan for emergency care based upon current community needs and the capability of the hospital. (10-14-88) RECEIVED 01. Policies and Procedures. The emergency room of every hospital shall have written policies DEC - 8 2008 and procedures. These shall be in conformance with state and local laws. The procedures shall be FACILITY STANDARDS approved by the hospital administration, medical staff, and nursing service. The policies shall be approved by the governing body. The policies and procedures shall include but are not limited to, the following: (10-14-88) a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

children or adults, emotionally disturbed persons.

ED TITLE 12/3/08

(X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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BB297	Continued From page 1			BB297			
	alcohol, persons co materials, and patie (10-14-88) b. Medical responsi	influence of drugs an ontaminated by radios ents dead on arrival; ibility shall be delinea	active and ated				
	care relating to clin	cy care (including levical privileges and specify a method to ins	ecialty				
	c. Procedures that the emergency roo	can/cannot be perfor m; and (10-14-88)	med in		Dar 34		
		supporting procedures for referral to another facility; and (10-14-88) arding instructions to be given ng follow-up services; and			Der Page 34)		
		porting procedures fo ication, and supplies;					
em	g. Policy and supporting procedures for care of emergency equipment; and (10-14-88)						
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Bureau of Facility Standards

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BB297	I. A policy for integrinto a disaster plan This Rule is not me Based on record redetermined that the written policies were services provided by provided through agrape victims. This fit treatment for 1 of 1 record was reviewed. 1. Patient #7 was a and 15. She was a on 9/30/08, for treatment initial MSE, ED sproceed. According the "Emergency Ro 9/30/08 at 8:30 PM, specially qualified Some documented the SA no longer performed patients 14 years of patients were considerequired examination nurse then contacted and the Medical Director of the patient until a examined the patient time of three hours examination.	ation of the emergen	ew it was are that electrices ment for delay of medical de: age of 12 8:04 PM ault. After with to one electric two one electr	BB297	BB297: 3) 1 & 2) We have review current Sexual Assault Examples and one of our SANE's begin revision of the policy completion date will be the Board of Trustees meeting 2009. This will allow time from Administration, Medithe Board. The interimipla sexual assault victims will current policy with clarification guidelines to both Nursing Staff regarding specific tradition. DNS will be responsible for this issue and its improvement.	m policy. The shave met to y. Projected e date of the in February, for the ind approvals ical Staff, and n of care for be to followation of and Medical insfer needs.	

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Bureau of Facility Standards

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PRINTED: 11/14/2008

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING ____ С. B. WING_ 11/04/2008 131313 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **120 EAST HOWARD AVENUE** TETON VALLEY HOSPITAL AND SURGICENTE **DRIGGS. ID 83422**

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BB299	Continued From page 4 PM. He stated physicians at an attached rural health clinic covered the ED during weekdays buthe names of specific physicians were not written on the call sheets. He said it had been difficult to obtain physician coverage and sometimes the physician on call was not designated until the las moment. This prevented staff from knowing who the physician on call was and had the potential to delay treatment while staff determined who that physician was.					
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